



Muslim mothers' experiences in taking care of children with open heart surgery: A qualitative study in Southern Thailand

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Abstract

Background: A child with congenital heart disease requires complex surgeries and intensive postoperative care, causing significant stress for caregivers. Muslim caregivers, in particular, rely on their faith for strength.

Objective: To explore the experiences of Muslim mothers caring for children who have undergone open heart surgery due to congenital heart disease.

Methods: The study used a qualitative descriptive design conducted between February and June 2023. Data were collected through in-depth interviews with 12 Muslim mothers selected through purposive sampling, and thematic analysis was employed for data analysis.

Results: Three main themes identified: 1) Strengthening faith and trust in God, which includes two subthemes—embracing acceptance amidst divine attribution and utilizing faith and belief as a wellspring of spiritual shelter, 2) Cultivating patience and resilience in life, encompassing two subthemes—endurance in caring with unconditional love and fostering resilience for coping strategies, and 3) The significance of social support systems, consisting two subthemes—healthcare professionals' support and family support.

Conclusions: This study revealed the complex emotional experiences, including sadness, loss, uncertainty, and resilience, of Muslim mothers whose children face open heart surgery and highlighted the vital role of holistic support from healthcare professionals and families. Recommendations in line with holistic nursing principles include providing comprehensive information, faith-based psychological support, and involving the family's caregiving capacity. The study also calls for further research within the holistic nursing context, including programs to enhance psychosocial support in similar situations.

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Keywords

child; resilience, psychological; caregivers; Islam; postoperative care; psychosocial support systems; heart defects, congenital; Thailand

Background

Congenital heart disease (CHD) can be a cause of death in children, especially within the first year, if patients are not treated by surgery. Cardiac surgery is an essential treatment for pediatric patients with severe and complex congenital heart disease because it helps correct heart abnormalities and increases blood flow (Laonanitcharoen, 2018). Some heart diseases can be cured with just one operation, whereas some require multiple surgeries. Advances in medical technology have improved the survival rate of pediatric patients undergoing heart surgery. However, there is a risk of death and complications, especially during and after surgery. Therefore, pediatric patients undergoing cardiac surgery must be closely monitored (Alizadeh et al., 2022; Laonanitcharoen, 2018).

After heart surgery, patients must be admitted to the intensive care unit to monitor for complications such as bleeding from the wound, low cardiac output, cardiac arrhythmia, cardiac tamponade, etcetera (Alizadeh et al., 2022). As a result, caregivers of sick children face feelings of uncertainty, fear, and distress due to anxiety about postoperative symptoms and fear that the child will die at any time their condition changes (Maneekunwong et al., 2022; Mohamed Abdallah et al., 2022; Srichantarani & Thampanichawat, 2018). Moreover, in an intensive care unit, there is a lot of medical equipment, the area must be clean, and visitors are required to strictly adhere to infection control protocols, including isolation procedures, cleanliness, and hand hygiene, to minimize the risk of infection and ensure patient safety (Mohamed Abdallah et al., 2022). In addition, caregivers worry about taking care of patients when they return home since they do not know how to take care of them.

Thus, stress and depression affect cooperation in caring for pediatric patients (Coban & Ortabag, 2022; Knight Lozano et al., 2021; Ni et al., 2019; Puriani et al., 2023).

The results of the literature review revealed the complex impact on caregivers tending to infants with congenital heart disease. Caregivers, particularly mothers, experience emotional distress upon learning of their child's condition, navigating uncertainty about survival and surgical risks (Knight Lozano et al., 2021; Ni et al., 2019; Srichantaranit & Thampanichawat, 2018; Wray et al., 2018). This role also brings significant changes to their social activities and sleep patterns. Effective caregiving requires support from family and medical professionals (Puriani et al., 2023; Simeone et al., 2018). Moreover, Muslims believe that recovery from illness is influenced not only by medical treatment but also by divine will (Totong et al., 2019). Thus, they actively pursue both medical remedies and seek blessings through prayer. God serves as a source of strength, inspiration, and hope for Muslims, aiding them in various circumstances (Arihathairat, 2019).

Significant research gaps require further investigation, including the influence of culture and religion on caregiving. Few studies have explored how the faith and spiritual practices of Muslim mothers impact their ability to cope with the burden of caring for children undergoing heart surgery (de Morais Almeida et al., 2024; Kankaya et al., 2025). Additionally, there is a lack of focus on holistic and family-centered care, as cultural and psychosocial factors are often excluded from care models for patients with CHD. Furthermore, most research has been conducted in Western contexts, leading to a lack of context-specific evidence in other regions, such as Southern Thailand, where culture and religion play a crucial role in caregiving (Khueanthong et al., 2021; Knight Lozano et al., 2021; Kristjansdottir et al., 2020; Ni et al., 2019; Wright et al., 2024). Therefore, this study aimed to explore the experiences of Muslim mothers in caring for their children who have undergone open-heart surgery due to CHD and understand the challenges and coping strategies of caregivers within the specific cultural and religious context of Southern Thailand.

This study is significant for nursing, particularly in providing holistic care for children with CHD and their caregivers, who often face heavy physical and emotional burdens. Nurses are crucial in delivering education, psychosocial support, and culturally sensitive care that integrates spiritual and cultural considerations. Understanding the experiences of Muslim mothers helps develop culturally appropriate care, transparent and empathetic communication, and psychosocial support to foster resilience.

Methods

Study Design

A qualitative descriptive design using the Consolidated Criteria for Reporting Qualitative Research guidelines (COREQ) (Tong et al., 2007). Qualitative description is rooted in the core concept of naturalistic inquiry (Colorafi & Evans, 2016). This design provides a practical and actionable description of caregiving experiences rather than delving into philosophical aspects. This approach aligns with the research objectives, complements thematic analysis, and ensures findings directly apply to improve nursing care and psychosocial support for Muslim mothers.

Participants

The participants were Muslim mothers of a child undergoing open heart surgery. The study included 12 participants because this number was sufficient to achieve data saturation, where no new themes or insights emerged. Additionally, the sample's homogeneity (Muslim mothers caring for children post-open-heart surgery) allowed for in-depth exploration of shared experiences, aligning with the qualitative descriptive design focused on detailed, practical insights (Wutich et al., 2024). The participants were selected to be interviewed using purposive sampling (Doyle et al., 2020) based on the following inclusion criteria: 1) aged 18 years and over, with at least 24 hours of experience in caring for children with heart disease before and after open heart surgery, and 2) being a Muslim mother caring for newborns to 12 years who had undergone their first open-heart surgery within 24 hours to 7 days after surgery; and 3) the ability to communicate in Thai. The exclusion criterion was if their children who received care had died within 7 days after open heart surgery. The study was conducted in the Cardiac Care Unit (CCU) at a hospital in southern Thailand.

Data Collection

The instruments were the researcher, in-depth interview questions, an audio recorder, and field notes. The first author was a female interviewer domiciled in southern Thailand who is a nurse practitioner with 12 years of experience in teaching and caring for children with heart disease. In addition, the interviewers had continuous qualitative research experience, and reviews of relevant literature were conducted to enable them to be more in-depth and sensitive to the issues studied. Although, the researcher's background as a nurse practitioner provided valuable insight into caregiving challenges. However, the researcher practiced reflexivity by maintaining a reflective journal throughout the study to minimize potential bias. Additionally, peer debriefing sessions were conducted with qualitative research experts to review emerging themes, ensuring the findings were based solely on participants' narratives.

The study used in-depth interviews with face-to-face, semi-structured, open-ended questions (Turale, 2020) generated by the researcher from relevant literature reviews (Kristjansdottir et al., 2020). Examples of interview questions are: 1) Tell me about your experiences since first knowing that your child had heart disease up until she/he needed surgery; 2) How do you feel about the illness and care of the child before, during, and after the heart surgery? 3) How do you feel and think about your child having heart surgery? 4) How did you face this difficult situation? What was there that could help you get through these situations? and 5) How are your religion and beliefs involved in caring for a child with heart disease? The questions were checked for suitability and comprehensiveness according to the research objectives by three experts: a nursing professor specializing in qualitative research, a specialist in child and adolescent nursing, and a specialist nurse at the Cardiac care unit. The questions were used in a pilot study with two caregivers to determine the suitability of the questionnaire and modify, then improve, the guide. The questions could be extended to sub-questions based on the continuity of the interviews to obtain more answers.

After receiving ethical approval, the researcher submitted a letter requesting permission to collect the data. Then, the researcher, together with the department's nurses, selected the informants according to the qualifications specified. The researchers conducted interviews in the department meeting room, which is completely private and without outside interference. Only the interviewees and informants were present during the interviews. During the interview, an assistant was provided to care for the child. The interviewer was not involved in caring for the child during their treatment so that the mother could fully and freely discuss and share her experiences. Individual in-depth interviews were conducted with 12 mothers, and each interview was approximately 30-60 minutes long, spread over 2-3 sessions, with each participant until the data was saturated.

Data Analysis

The interviews were analyzed using thematic analysis (Van Manen, 1990). The interviews were transcribed verbatim in Thai and then read to understand the themes of the studied experience and extract information obtained according to the following procedures: 1) reading in detail or line-by-line; 2) reading by selecting the text or highlighting approach; and 3) reading the holistic, or sententious approach; 4) collecting the derived keywords and interpreting and grouping the keywords, phrases, sentences and group meanings that have the same meaning in the unified groups; 5) writing descriptions of the main keywords to reflect the feelings and emotions arising in that phenomenon; 6) using keywords to check the validity of the data with participants and conducting additional interviews on issues that were not clear; and 7) writing and describing the phenomenon studied.

Translation into English for publication purposes involves a systematic process to ensure accuracy and cultural sensitivity. This process includes an initial translation by a bilingual expert with subject-matter knowledge, followed by back-translation by an independent translator to verify consistency. Next, a review and refinement phase ensures the translation accurately reflects the original meaning. Finally, professional proofreading and editorial review are conducted before final approval for publication (Yunus et al., 2022).

Trustworthiness

The reliability of the data was examined according to the Lincoln and Guba (1985)'s guidelines as follows: 1) Credibility was checked by triangulation: data were collected from in-depth interviews and observation. After collecting the data each time, the issues gained from the interviews were checked, and the accuracy of the information matched the perceptions of the informant. Then, the information was rechecked qualitatively. Member checking was conducted at multiple stages. After transcription, participants were invited to review and verify the accuracy of their responses. Additionally, during theme development, selected participants were engaged to validate the interpretations of their narratives. In this study, 6 out of 12 participants (50% of the total sample) participated in the member-checking process to confirm the findings' accuracy and credibility (McKim, 2023). This iterative process ensured that the findings were consistently grounded in participants' perspectives, reducing the risk of misinterpretation.

2) Transferability: ensured through thick descriptions, providing detailed accounts of Muslim mothers' experiences within their cultural and social contexts, and purposeful sampling, capturing diverse perspectives. These strategies allow the findings to be applied to similar contexts. 3) Dependability: dependability was ensured through the systematic collection of data from field interviews and records. 4) Confirmability: the interviews were reviewed, and the tapes were listened to repeatedly. In addition, checking whether they were consistent with field records was performed to review the effectiveness of the data analysis.

Ethical Considerations

This study was approved by the Ethics Committee for Human Research, Yala Hospital (approval no. 18/2563). The researchers described the objectives and interview process. The participants were free to choose whether to participate in the study until the researchers were sure the informant understood and then had the participants sign an informed consent form. Moreover, the researchers asked the caregivers for permission to record audio and told them they could stop the interview anytime. The research data were kept confidential and were not identify any individuals. Only overall data were presented.

Results

Characteristics of Participants

Twelve mothers of children who had undergone open heart surgery, aged between 18 and 45, were recruited. All of them cohabited. The mothers included five housewives, three employees, one public health worker, two tradesmen, and one teacher. Six residents were from Yala, four from Pattani, and two from Narathiwat. Their children's ages ranged from 8 to 18 months. All of them had already had their first surgery, and there were no postoperative complications.

Main Findings

Three main themes were identified: 1) Strengthened Faith and Trust in God, 2) Patience and Resilience in Life, and 3) Involvement of Social Support Systems (Table 1).

Table 1 Themes and subthemes of Muslim mothers' experiences of congenital heart disease children

Themes	Subthemes
Strengthened Faith and Trust in God	Embracing Acceptance Amidst Divine Attribution Utilizing Faith and Belief as a Wellspring of Spiritual Shelter
Patience and Resilience in Life	Endurance in Caring with Unconditional Love Fostering Resilience for Coping Strategies
Involvement of Social Support Systems	Healthcare Professionals' Support Family Support

Theme 1: Strengthened Faith and Trust in God

Subtheme 1.1 Embracing Acceptance Amidst Divine Attribution

Mothers of children with congenital heart disease experience profound emotional challenges marked by feelings of loss and uncertainty. The seriousness of the condition,

potential complications, and the possibility of surgery create distress and sadness.

"I feel sad; our family has never met like this. I think heart disease is a serious disease." [Caregiver 2]

"When I knew my child was going to be abnormal, I was so stressed and couldn't eat anything. Thinking only about how will children live in the future?" [Caregiver 3]

However, Muslim mothers exhibit strong faith in divine plans, seeing these hardships as tests and accepting them as part of God's will. Despite the heartaches, they anchor their emotions in their religious beliefs, finding solace and adaptability through their faith.

"Previously, I wanted a child, I always asked God.... But when I got something like this, I had to accept it. It must be preserved by God." [Caregiver 4]

Subtheme 1.2 Utilizing Faith and Belief as a Wellspring of Spiritual Shelter

These mothers relied on their strong belief in God's mercy and divine will, seeking solace through prayer and entrusting their child's well-being to God. They incorporated their religious beliefs into caregiving, utilizing practices like seeking folk healers or holy rituals. To alleviate their emotional challenges, the mothers cultivated positive thinking and engaged in recreational activities. Their faith acted as an anchor, giving them the strength to cope with adversity. The results highlight the role of faith as a source of spiritual shelter for Muslim mothers navigating the difficulties of caring for a child with a serious medical condition.

"While waiting for the operation, we prayed for my child's safety." [Caregiver 5]

"I think it's up to God if He's going to give her a long life so she can live with us." [Caregiver 12]

"I tried every way, like reciting a holy mantra, drinking some holy water, to make her better" [Caregiver 4]

Theme 2: Patience and Resilience in Life

Subtheme 2.1 Endurance in Caring with Unconditional Love

Muslim mothers' dedication and endurance were driven by their faith and a sense of maternal duty. These mothers embraced the responsibility of caring for their children, whether in sickness or health. Despite the emotional toll and physical challenges, they remained committed. Their love for their children fuelled their determination to provide the best care possible, even as they navigated exhaustion, lifestyle adjustments, and emotional distress.

"I'm tired, but I don't feel tired, probably as it's my son" [Caregiver 6]

"I'm tired, but I have to keep my children safe from disease" [Caregiver 12]

"I have no appetite but have to eat. If anything happens, who will take care of her?" [Caregiver 4]

Subtheme 2.2 Fostering Resilience for Coping Strategies

Caring for children with congenital heart disease profoundly impacts mothers across physical, psychological,

social, and financial dimensions. Despite these challenges, the mothers were determined to ensure their children received the necessary surgery. During the waiting period, they sought guidance from medical professionals, online sources, and families with similar experiences to instill hope for their child's recovery.

"Talk to people who have children like us, as we feel the same." [Caregiver 3]

"When faced with a problem, I would ask the doctor" [Caregiver 6]

"I usually searched for data on Google, YouTube" [Caregiver 9]

However, the decision for open-heart surgery is daunting due to the associated risks, prompting a complex decision-making process. Amidst emotional and physical exhaustion, the Muslim mothers exhibited remarkable resilience. Their perseverance involved adaptive coping, seeking support, self-care, and maintaining a positive outlook. These mothers drew strength from diverse sources to navigate the challenges of caring for a child with a critical medical condition.

"I must do my best and think that I do it for my kid; we will have to fight." [Caregiver 11]

"When I am looking at the people around me, they were heavier than us, and they could pass. So, we have encouragement." [Caregiver 5]

"I don't know what will happen after surgery, so I take my children to travel before we get sad." [Caregiver 2]

"It's okay if God will take her life; I am still hopeful in advanced technology" [Caregiver 3]

Theme 3: Involvement of Social Support Systems

Subtheme 3.1 Healthcare Professionals' Support

Mothers caring for children with congenital heart disease require comprehensive support, including help with understanding the disease, treatment details, and caregiving methods. Healthcare professionals play vital roles in providing this essential information, bolstering maternal confidence, and offering guidance throughout the care journey. Regular updates on the child's symptoms reassured mothers and empowered them in their caregiving efforts.

"Doctors come to see her every day. It made me feel at ease, feeling the doctor was taking care of her all the time" [Caregiver 2]

"Wanted to know her symptoms, but honestly, if we will be involved caring, I fear of infection and disturbing the treatment of them." [Caregiver 5]

"How should I take care of them when they go home?" [Caregiver 8]

Subtheme 3.2 Family Support

Family support holds significant importance for Muslim mothers caring for children with congenital heart disease. Attentiveness to and understanding of the mothers' emotions, coupled with care and financial assistance, is crucial in helping them overcome challenges and fostering their determination to care for their children. The encouragement and involvement of family members, particularly spouses, are instrumental in alleviating the burden on mothers. Family support not only provides practical assistance but also serves as a source of emotional sustenance during moments of discouragement.

This shared responsibility and encouragement from family members contribute to the well-being and resilience of Muslim mothers as they navigate the complexities of caring for their children's health.

"When my kid had an appointment, my husband always took us to the hospital. It's difficult to go alone." [Caregiver 11]

"During my baby's stay in the hospital, when I was unable to find someone to take care of them, I felt discouraged." [Caregiver 5]

"If they don't understand, we will get tired. Sometimes I don't just need money, but encouragement is important when we are alone without counselors to vent." [Caregiver 7]

Discussion

This study highlights the profound experiences of Muslim mothers caring for children with congenital heart disease (CHD), structured around three main themes: strengthened faith and trust in God, patience and resilience in life, and the involvement of social support systems.

Strengthened Faith and Trust in God emerged as a key theme, underscoring the centrality of faith in the lives of Muslim mothers. Although mothers are disappointed to perceive that their child has a congenital heart disease, they strive to adapt to the situation (Ni et al., 2019). Mothers demonstrated acceptance of their child's illness as part of divine will, viewing it as a test of faith. This acceptance helped them cope with the uncertainty surrounding their child's safety and survival during and after surgery (Laonanitcharoen, 2018). Faith served as a spiritual anchor, providing emotional stability amidst overwhelming challenges (Alizadeh et al., 2022; Maneekunwong et al., 2022). Many mothers relied on prayer and their connection to God as a source of comfort and strength. This spiritual reliance not only supported their emotional well-being but also influenced their decision-making processes, illustrating the importance of addressing caregivers' spiritual needs in holistic care (Adugbire & Aziato, 2020; de Man et al., 2021).

Another significant theme was Patience and Resilience in Life, where mothers displayed remarkable endurance fueled by unconditional love for their children despite the physical, emotional, and financial exhaustion caused by caregiving (Choi et al., 2021). Although children with congenital heart disease are often susceptible to illness and experience delayed growth (Petruentong et al., 2018). Mothers remained determined to provide the best possible care for their children. This unconditional love was a powerful motivator, enabling them to overcome immense challenges (David Vainberg et al., 2019; Unla, 2020). Furthermore, mothers developed resilience through adaptive coping strategies, such as seeking knowledge from healthcare professionals, connecting with other families in similar situations, and relying on social networks. Their resilience highlights the need for interventions that build on their strength while addressing their emotional and psychological needs (Kristjansdottir et al., 2020; Mohamed Abdallah et al., 2022).

The final theme, Involvement of Social Support Systems, highlights the critical role of healthcare professionals and families in supporting mothers. Healthcare professionals provided essential guidance and information about surgery, treatment options, and postoperative care. This support gave

mothers confidence in making informed decisions about their child's care and alleviated their anxiety during the treatment process (Maneekunwong et al., 2022; Pagel et al., 2019; Yerum et al., 2018). Due to the challenges involved in treating children with congenital heart disease, especially during surgery, decision-making becomes a tough time for mothers (Wei et al., 2016). Mothers often feel the need to always stay close to their children, from pre-surgery to post-surgery, as they worry about the possibility of complications or harm to their children (Lumsden et al., 2019; Srichantaranit & Thampanichawat, 2018). Moreover, they require comprehensive information about the disease, treatment options, and methods to ensure their child's safety (Rajagopal et al., 2020). Therefore, addressing these needs comprehensively can enhance mothers' confidence and cooperation in providing care (Poudel & Malla, 2017; Puriani et al., 2023).

Family support was also a vital resource for mothers, helping ease their emotional and financial burdens. The encouragement and practical assistance provided by spouses and extended family members enabled mothers to focus more on their caregiving responsibilities (Knight Lozano et al., 2021; Lohmae et al., 2017). For instance, attentiveness to and understanding the mothers' feelings are important (Simeone et al., 2018). Receiving care and financial support will help mothers overcome obstacles and be more encouraged to care for their children (Khueanthong et al., 2021; Saopeng et al., 2019). This reflects the importance of integrating family-centered approaches in nursing care to enhance both the caregiver's and child's outcomes.

The experiences of Muslim mothers caring for children with CHD reveal the interplay between faith, resilience, and social support. These findings highlight the need for culturally sensitive and holistic nursing practices that address not only the medical needs of the child but also the emotional, psychological, and spiritual well-being of caregivers. By understanding and supporting these dimensions, healthcare professionals can significantly enhance the quality of care provided to families navigating the challenges of CHD.

This study found that caregivers' experiences are shaped by cultural and religious contexts. Muslim caregivers rely heavily on faith and spirituality, viewing caregiving as a test of faith. In contrast, Christian caregivers may turn to community support or pastoral counseling, while non-religious caregivers often seek psychological support or peer groups (Kristjansdottir et al., 2020). Social support is crucial for Muslim caregivers, with families playing a central role, reflecting a collectivist culture. Conversely, caregivers in Western contexts often rely on community services or friends (David Vainberg et al., 2019).

Regarding emotional resilience, Muslim caregivers draw strength from their faith, accepting caregiving challenges as part of divine will (de Morais Almeida et al., 2024). In contrast, caregivers from other backgrounds may use psychological therapy or mindfulness practices. For decision-making, Muslim caregivers often base their choices on religious values and family consultation, while Western caregivers emphasize autonomy and medical advice (Kristjansdottir et al., 2020). These differences highlight the importance of culturally sensitive nursing practices to effectively support caregivers from diverse backgrounds.

Limitations of the Study

Although this study provides valuable insights, several limitations should be acknowledged. First, the study focuses exclusively on Muslim mothers in Southern Thailand, which limits the generalizability of the findings to other cultural or religious contexts. Even within Muslim populations, regional, social, and cultural differences may influence caregiving experiences, making it challenging to apply the results to a broader context.

Second, this study focuses solely on maternal caregivers, excluding other potential caregivers such as fathers, grandparents, or other family members. This narrow focus limits the understanding of caregiving perspectives and overlooks the roles and experiences of other family members who may contribute significantly to the care of children with congenital heart disease (CHD). Another limitation is the study's specific timing, focusing on caregiving experiences during the period before and after the child's heart surgery. It does not explore how these experiences, challenges, and coping strategies might evolve over time or during a longer recovery process.

Despite these limitations, this study offers significant findings about the culturally specific experiences of Muslim mothers caring for children with CHD. These insights can serve as a foundation for future research that addresses these limitations by including larger and more diverse samples and exploring caregiving experiences across different cultural and temporal contexts.

Implications of the Study

This study highlights the importance of culturally sensitive and holistic care in nursing, particularly in supporting mothers caring for children with congenital heart disease (CHD). Nurses play a crucial role in integrating cultural and religious beliefs into care plans, recognizing the role of faith as a coping mechanism. Creating an environment that respects religious practices and supports spiritual needs can help strengthen caregivers. Additionally, family-centered care should be promoted by involving families as key support systems in caregiving. Interventions should address both the medical needs of the child and the emotional and psychosocial well-being of the mother.

To alleviate the emotional burden of caregivers, nurses can establish psychosocial support programs, such as counseling or peer-support groups, and ensure access to mental health professionals. Effective communication is also essential. Nurses should provide clear and understandable information about the child's condition, surgical process, and postoperative care to empower caregivers to manage the child's recovery with confidence.

Furthermore, care plans should be tailored to meet the specific needs of Muslim mothers, such as offering religiously aligned counseling or support from community religious leaders to build emotional and spiritual resilience. Training healthcare professionals to understand the cultural backgrounds of their patients is equally important, ensuring they are well-prepared to support caregivers from diverse backgrounds. By emphasizing these aspects, nursing practice can better address the holistic needs of children with CHD and their caregivers, ultimately improving the quality of care and the caregivers' well-being.

The findings of this research also bear significant implications for policy and practice in the realm of pediatric healthcare, particularly for infants with congenital heart disease who have undergone open-heart surgery. The identification of a central focus on family involvement, aligned with their beliefs and religious faith, highlights the potential for transformative shifts in care paradigms.

Policy-wise, healthcare institutions should consider integrating a comprehensive model of care that recognizes and integrates the pivotal role of family engagement. This should involve the establishment of protocols for assessing and addressing the social and emotional well-being of mothers during their children's heart surgeries, as well as ensuring their holistic support. Furthermore, the development of a streamlined system for communication, delivering timely updates, readiness information, and post-surgery needs to mothers and families would greatly enhance the care experience for pediatric patients and their families. Future research should focus on a program merging social well-being promotion with faith, information, and psychological support. Family participation in this program could empower mothers in ongoing care, enhancing collaboration and nurturing within the families. These implications, if applied, could improve the care landscape for pediatric patients and their families.

Conclusion

Overall, this research article presents the complex emotional experiences, resilience, and dedication of Muslim mothers caring for children who have undergone open heart surgery. Their faith plays a significant role in shaping their perceptions and coping strategies, and they represent a crucial role in understanding and strategizing in response to challenges. They are determined to seek knowledge and support to ensure the best possible care for their children. Therefore, healthcare professionals should focus on caring for families of children undergoing cardiac surgery by providing Muslim mothers a feeling of being cared for, listened to, and understanding of the mother's feelings, as well as providing support to help mothers in various ways, such as providing information about the diseases, their treatments, and surgeries, including periodic reports of the patient's symptoms and taking into account the beliefs of the mother, which will help mothers feel less anxious.

Moreover, families should be involved in childcare by learning and practicing caring skills for caregivers to reduce mothers' fatigue. In addition, this study suggests the development of further research, such as a quasi-experimental study on the creation of a program that promotes the psychosocial support of Muslim mothers by providing the necessary information, faith-based psychological support, and family involvement.

Declaration of Conflicting Interest

There is no conflict of interest to declare.

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Authors' Contributions

The first author was the principal investigator conducting the research, and all co-researchers contributed equally to the conception or design of the work, analysis or interpretation of data, drafting of the content, and final approval of the version to be published.

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Data Availability

Supporting data for this study are available from the corresponding author upon reasonable request.

Declaration of Use of AI in Scientific Writing

There is nothing to declare.

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